

**SUBSTANCE ABUSE REHABILITATION PROGRAM
NAVAL MEDICAL CENTER PORTSMOUTH
PATIENT REGISTRATION**

This form must be legible and completed in its entirety before an appointment will be scheduled.

Name (Last, First MI)	Rank/Rate	DOD ID#	DOB	Branch
STATUS: (check one) <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Dependent (sponsor's SSN#):				
Command Name (no abbreviations):				
Official Mailing Address:				
Name of Primary DAPA:		DAPA Email:		
Assistant DAPA/Email:		UIC:		
DAPA Phone:		If dependent or retired Phone:		
DAAR (Drug Alcohol Activity Report) entered and submitted in ADMITS?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
REFERRAL INVOLVES: (check all that apply)		<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS		

SCREENINGS; IMPACT; LEVEL I

Level of Treatment Requesting: ☐ Initial screening ☐ Level .5 (IMPACT) ☐ Level I (Outpatient)
Which location are you requesting? ☐ Portsmouth ☐ Oceana ☐ Little Creek
Where was the individual screened? _____

Dates available to attend? _____

Submit request to: michele.waters@med.navy.mil or dana.beck.ctr@med.navy.mil

Call SARP Patient Affairs at: (757) 953-7848; Fax: 953-9800; DSN: 312-377-7848

Level II or Level III * Portsmouth Only*****

Level of Treatment Requesting: ☐ Level II (Intensive Outpatient) ☐ Level III (Intensive w/Berthing)
Where was the individual screened? _____

Submit request to: candace.dancy@med.navy.mil or shayla.robertson@med.navy.mil

Phone: (757) 953-9817; Fax: (757) 953-9800

****If Command is deployed, the Beach Det. will be:** _____ **Phone:** _____

Admission requirements:

Medical History and Full Body Physical Examination must be completed less than **30 days** prior to arrival to treatment. **SHAPES (SARP Health and Physical Evaluation Screening)** form is located on **Naval Medical Center Portsmouth website**. Dental and Audio examinations are not required to enter treatment. Labs required to enter treatment: **Hepatitis A & B & C panels, RPR, Urine GC & NAAT, GGT, HIV, AB, CMP, Comprehensive Metabolic GTR, UDS, PPD(within last 6 months) Chest XRAY (if PPD converter)**

All appointments will be filled within 30 days of initial request, provided all required documents are submitted.

Medical records and TAD orders must accompany service member or treatment cannot be provided.

Per OPNAVINST 5350.4d, all separation, administrative, legal (civilian and military) actions and personal appointments must be completed prior to admission to treatment.

Please review treatment check off list located on website. Your signature indicates that you have briefed service member prior to entering treatment: _____

(Please sign and submit via fax)